

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108270

FILED
Apr 16, 2008
Secretary of State

Entity Name: HOMESTEAD URGENT CARE PHYSICIANS, INC.

Current Principal Place of Business:

8660 W FLAGLER ST
#200
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8660 W FLAGLER ST
#200
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-3756827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITMAN, LORN
8660 W FLAGLER ST
#200
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: NATEMAN, DAVID R
Address: 2401 ANDERSON RD #21
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Delete
Name: MEDINA, FRANCISCO
Address: 8660 W FLAGLER ST, # 200
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER ST., #200
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORN LEITMAN

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04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date